

CONFIDENTIAL

Submit To Appropriate District Office Two Copies District I 1625 N. French Dr., Hobbs, NM 88240 District II 811 S. First St., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505		<b>State of New Mexico</b> <b>Energy, Minerals and Natural Resources</b>  <b>Oil Conservation Division</b> <b>1220 South St. Francis Dr.</b> <b>Santa Fe, NM 87505</b>			<b>Form C-105</b> Revised August 1, 2011		
		1. WELL API NO. 30-015-44358					
		2. Type of Lease <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN					
		3. State Oil & Gas Lease No.					
<b>WELL COMPLETION OR RECOMPLETION REPORT AND LOG</b>							
4. Reason for filing:  <input checked="" type="checkbox"/> <b>COMPLETION REPORT</b> (Fill in boxes #1 through #31 for State and Fee wells only)  <input type="checkbox"/> <b>C-144 CLOSURE ATTACHMENT</b> (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33; attach this and the plat to the C-144 closure report in accordance with 19.15.17.13.K NMAC)				5. Lease Name or Unit Agreement Name Onyx PWU 29-28			
				6. Well Number 62H			
7. Type of Completion: <input checked="" type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/> OTHER				<b>AUG 23 2018</b>			
8. Name of Operator Devon Energy Production Company, L.P.				9. OGRID 6137			
10. Address of Operator  333 West Sheridan Avenue, Oklahoma City, OK 73102				11. Pool name or Wildcat <b>RECEIVED</b>  PARKWAY BONE SPRING; WEST			
12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	
Surface:	M	29	19S	29E		1235	
BH:	J	28	19S	29E		1536	
						N/S Line	
						Foot from the	
						E/W Line	
						County	
						EDDY	
						EDDY	
13. Date Spudded 11/17/17		14. Date T.D. Reached 12/25/17		15. Date Rig Released 12/27/17		16. Date Completed (Ready to Produce) 7/13/18	
						17. Elevations (DF and RKB, RT, GR, etc.)	
						GL	
18. Total Measured Depth of Well  16795. MD, 9008.63 TVD		19. Plug Back Measured Depth  16693.5		20. Was Directional Survey Made?  Yes		21. Type Electric and Other Logs Run  CBL	
22. Producing Interval(s), of this completion - Top, Bottom, Name 9156-16641, WEST							
<b>23. CASING RECORD (Report all strings set in well)</b>							
CASING SIZE	WEIGHT L.B./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED		
13.375	54.5	190	24	890 sx CLC ; circ 26			
9.625	36	3487	12.25	1475 sx CLC; circ 156			
5.5	17	8354	8.75	560 sx CLC			
5.5	17	16781	8.5	1455 sx CLH			
<b>24. LINER RECORD</b>							
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN			
				25. TUBING RECORD			
				SIZE	DEPTH SET	PACKER SET	
				2.875 L-80	8611		
26. Perforation record (interval, size, and number)  9156 - 16641, total 921 holes				27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL    AMOUNT AND KIND MATERIAL USED 9156-16641    Acidize and frac in 38 stages. See detailed summary attached.			
<b>28. PRODUCTION</b>							
Date First Production 7/13/18		Production Method (Flowing, gas lift, pumping - Size and type pump) Flowing			Well Status (Prod. or Shut-in) Producing		
Date of Test 7/24/18	Hours Tested 24	Choke Size	Prod'n For Test Period	Oil - Bbl 1608	Gas - MCF 2640	Water - Bbl. 864	
						Gas - Oil Ratio 1456	
Flow Tubing Press. 293 psi	Casing Pressure 1101 psi	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (Corr.)	
29. Disposition of Gas (Sold, used for fuel, vented, etc.) Sold						30. Test Witnessed By	
31. List Attachments Directional Survey, Logs							
32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit.							
33. If an on-site burial was used at the well, report the exact location of the on-site burial:							
Latitude			Longitude		NAD 1927 1983		
I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief							
Signature	Printed Name		Title		Date		
	Erin Workman		Regulatory Analyst		8/20/2018		
E-mail Address							
Erin.Workman@dv.com							

RWP 8-23-18

Received  
10-17-18  
J.T.

# INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well and not later than 60 days after completion of closure. When submitted as a completion report, this shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, items 11, 12 and 26-31 shall be reported for each zone.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

[illegible]

## OIL OR GAS SANDS OR ZONES

No. 1, from	N/A	to	N/A	No. 3, from	N/A	to	N/A
No. 2, from	N/A	to	N/A	No. 4, from	N/A	to	N/A

## IMPORTANT WATER SANDS

**Include data on rate of water inflow and elevation to which water rose in hole.**

No. 1, from.....to.....feet.....  
 No. 2, from.....to.....feet.....  
 No. 3, from.....to.....feet.....

## LITHOLOGY RECORD (Attach additional sheet if necessary)

From	To	Thickness In Feet	Lithology

Submit 1 Copy To Appropriate District Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

**CONFIDENTIAL**

Form C-103  
Revised August 1, 2011

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-015-44358
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Onyx PWU 29-28
8. Well Number 62H
9. OGRID Number 6137
10. Pool name or Wildcat PARKWAY BONE SPRING; WEST
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL:

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	
2. Name of Operator Devon Energy Production Company, L.P.	
3. Address of Operator 333 West Sheridan, Oklahoma City, OK 73102	
4. Well Location Unit Letter M : 1235 feet from the South line and 292 feet from the East line Section 29 Township 19S Range 29E NMPM County EDDY	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL:	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: Completion ☒

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

02/26/2018-06/23/2018: MIRU WL & PT Good to 8500 PSI for 30 mins. TIH & ran CBL, found TOC @ 3100. TIH w/pump through frac plug and guns. Perf Bone Spring, 9,156'-16641 total 38 holes. Frac'd 9,156'-16641' in 38 stages. Frac totals 11383676# prop. ND frac, MIRU PU, NU BOP, DO plugs & CO to PBTB 16694'. CHC, FWB, ND BOP. RIH w/ 261 jts 2-7/8" L-80 tbg, set @ 8,611. TOP.  
★ Please note the final BHL is located in Sec. 28, T19S, 29E, Lot J, 1536 FSL, 2372 FEL, the last take point is in Sec. 28, T19S, R29E, 1536' FSL, 2622' FWL.

BHL ok, RKB

NM OIL CONSERVATION  
ARTESIA DISTRICT

AUG 23 2018

RECEIVED

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Erin Workman TITLE Regulatory Analyst DATE 8/21/2018

Type or print name Erin Workman E-mail address: Erin.Workman@dmn.com PHONE: 405-552-7970

For State Use Only

APPROVED BY: Raymond N. Padany TITLE Geologist DATE 8-23-18  
Conditions of Approval (if any):

R 10-17-18  
ST